

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1957

45805
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar **12043**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3710 Humphrey			Length of stay in lb		d. STREET ADDRESS 3710 Humphrey		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Tillie Middle Fink Last Fink				4. DATE OF DEATH Month Dec. Day 12 Year 1957				
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 11, 1880		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 77 Days 77 Hours 77 Min. 77		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Missouri		
13. FATHER'S NAME John Good				14. MOTHER'S MAIDEN NAME Crescentia Schlenker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unk		17. INFORMANT Address Aurelia Penzler 3710 Humphrey				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure DUE TO (b) Chronic Sclerotic Heart Disease DUE TO (c) General Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Adeno Carcinoma of Breast								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0H						
20c. TIME OF INJURY Hour 9 p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from March 1957 to Dec 1957 and last saw her alive on Dec 8th Death occurred at 9 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Robert B. Meyers MD		22b. ADDRESS 63 & N. Grand		22c. DATE SIGNED 12-13-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-16-57		23c. NAME OF CEMETERY OR CREMATORY New Picker Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, M.		
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.		25. DATE REC'D. BY LOCAL REG. DEC 16 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M. J. B.				

Dr John B. Meyers
 940 Mo. Theatre Bldg.
 1 to 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
 Signature of Student Embalmer

Signed..... *Harold H. Kasse*

Licensed Embalmer No. *429*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.